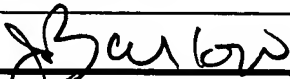


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|--|---|---|---------|---|------------------------|--|---|-------|---|--|---|-----------|---|--|---|--|--|--|--|--|--|--|---|--|
| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small> | | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket No.</td><td style="width: 50%;">12-022-DIV</td></tr><tr><td>First Inventor or Application Identifier</td><td>UCHIDA et al.</td></tr><tr><td>Title</td><td>SCROLL COMPRESSOR</td></tr><tr><td>Express Mail Label No.</td><td></td></tr></table> | Attorney Docket No. | 12-022-DIV | First Inventor or Application Identifier | UCHIDA et al. | Title | SCROLL COMPRESSOR | Express Mail Label No. | | | | | | | | | | | | | | | | | | | |
| Attorney Docket No. | 12-022-DIV | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Inventor or Application Identifier | UCHIDA et al. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | SCROLL COMPRESSOR | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Express Mail Label No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> | | ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;">1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></td><td style="width: 50%; vertical-align: top;">5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</td></tr><tr><td style="vertical-align: top;">2. <input checked="" type="checkbox"/> Specification [Total Pages 43] -Descriptive title of the Invention -Cross Reference to Related Applications -Background of the Invention -Summary of the Invention -Brief Description of the Drawings -Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure</td><td style="vertical-align: top;">6. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</td></tr><tr><td style="vertical-align: top;">3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 20]</td><td></td></tr><tr><td style="vertical-align: top;">4. Oath or Declaration [Total Sheets 4] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</small></td><td></td></tr></table> | | 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) | 2. <input checked="" type="checkbox"/> Specification [Total Pages 43] -Descriptive title of the Invention -Cross Reference to Related Applications -Background of the Invention -Summary of the Invention -Brief Description of the Drawings -Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure | 6. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies | 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 20] | | 4. Oath or Declaration [Total Sheets 4] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</small> | | ACCOMPANYING APPLICATION PARTS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</td><td style="width: 50%;"></td></tr><tr><td>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <small>(when there is an assignee)</small></td><td><input type="checkbox"/> Power of Attorney</td></tr><tr><td>9. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></td><td></td></tr><tr><td>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</td><td><input type="checkbox"/> Copies of IDS Citations</td></tr><tr><td>11. <input checked="" type="checkbox"/> Preliminary Amendment</td><td></td></tr><tr><td>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(should be specifically itemized)</small></td><td></td></tr><tr><td>13. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB/09-12)</td><td><input type="checkbox"/> Statement filed in prior application, Status still proper and desired</td></tr><tr><td>14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></td><td></td></tr><tr><td>15. <input type="checkbox"/> Other:</td><td></td></tr></table> | 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | | 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <small>(when there is an assignee)</small> | <input type="checkbox"/> Power of Attorney | 9. <input type="checkbox"/> English Translation Document <small>(if applicable)</small> | | 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS Citations | 11. <input checked="" type="checkbox"/> Preliminary Amendment | | 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(should be specifically itemized)</small> | | 13. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB/09-12) | <input type="checkbox"/> Statement filed in prior application, Status still proper and desired | 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> | | 15. <input type="checkbox"/> Other: | |
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 43] -Descriptive title of the Invention -Cross Reference to Related Applications -Background of the Invention -Summary of the Invention -Brief Description of the Drawings -Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure | 6. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 20] | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Oath or Declaration [Total Sheets 4] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <small>(when there is an assignee)</small> | <input type="checkbox"/> Power of Attorney | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. <input type="checkbox"/> English Translation Document <small>(if applicable)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS Citations | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. <input checked="" type="checkbox"/> Preliminary Amendment | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(should be specifically itemized)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB/09-12) | <input type="checkbox"/> Statement filed in prior application, Status still proper and desired | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 10/174,820 Prior application information: Examiner TAPOLCAI, WILLIAM E Group/Art Unit: 3744 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. CORRESPONDENCE ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td><td style="width: 20%; text-align: center; font-size: 1.2em;">23400</td><td style="width: 20%;"><input type="checkbox"/> Correspondence address below</td></tr><tr><td colspan="3" style="text-align: center;"><small>(Insert Customer No. or Attach bar code label here)</small></td></tr></table> | | | <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 23400 | <input type="checkbox"/> Correspondence address below | <small>(Insert Customer No. or Attach bar code label here)</small> | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 23400 | <input type="checkbox"/> Correspondence address below | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>(Insert Customer No. or Attach bar code label here)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">Name</td><td colspan="3"></td></tr><tr><td>Address</td><td colspan="3"></td></tr><tr><td>City</td><td style="width: 20%;">State</td><td style="width: 20%;">Zip Code</td><td></td></tr><tr><td>Country</td><td>Telephone</td><td>Fax</td><td></td></tr></table> | | | Name | | | | Address | | | | City | State | Zip Code | | Country | Telephone | Fax | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | Telephone | Fax | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|-------------------|---|-----------------------------------|-----------------|
| Name (Print/type) | JAMES E. BARLOW | Registration No. (Attorney/Agent) | 32,377 |
| Signature |  | Date | October 7, 2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Arlington, VA 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Alexandria, VA 22313-1450.

10/679325
100703

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Complete if Known

Application Number _____
 Filing Date **October 7, 2003**
 First Named Inventor **UCHIDA et al.**
 Examiner Name _____
 Art Unit _____
 Attorney Docket No. **12-022-DIV**

☐ Applicant Claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**806****METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit AccountDeposit
Account
Number**50-1147**Deposit
Account
Name**POSZ & BETHARDS, PLC**

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|------------------------|------------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 1001 | 770 | 2001 | 385 | Utility filing fee | 770 |
| 1002 | 340 | 2002 | 170 | Design filing fee | |
| 1003 | 530 | 2003 | 265 | Plant filing fee | |
| 1004 | 770 | 2004 | 385 | Reissue filing fee | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | |

SUBTOTAL (1) (\$)**770****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|-----------------|----------------|-----------|
| 22 | -20**= 2 | 18 | 36 |
| Independent Claims | -3**= 0 | 86 | 0 |
| Multiple Dependent | | | |

| Large Entity | | Small Entity | | Fee Description |
|--------------|----------|--------------|----------|---|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 |
| 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |
| 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |
| 1204 | 86 | 2204 | 43 | **Reissue independent claims over original patent |
| 1205 | 18 | 2205 | 9 | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$)**36**

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 | 130 | 1053 | 130 | Non-English specification | |
| 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination | |
| 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 | 110 | 2251 | 55 | Extension for reply within first month | |
| 1252 | 420 | 2252 | 210 | Extension for reply within second month | |
| 1253 | 950 | 2253 | 475 | Extension for reply within third month | |
| 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month | |
| 1255 | 2,010 | 2255 | 1005 | Extension for reply within fifth month | |
| 1401 | 330 | 2401 | 165 | Notice of Appeal | |
| 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal | |
| 1403 | 290 | 2403 | 145 | Request for oral hearing | |
| 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | |
| 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | |
| 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional | |
| 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) | |
| 1502 | 480 | 2502 | 240 | Design issue fee | |
| 1503 | 640 | 2503 | 320 | Plant issue fee | |
| 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | |
| 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | |

Other fee (specify) _____

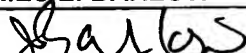
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**0****SUBMITTED BY**

Name (Print/Type)

JAMES E. BARLOWRegistration No.
(Attorney/Agent)**32,377**

Signature

**Complete (if applicable)**

Telephone

(703) 707-9110

Date

October 7, 2003**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.